

READER'S DIGEST

Family Health Guide and Medical Encyclopedia

Prepared in association with
BENJAMIN F. MILLER, M.D.
Associate Professor,
University of Pennsylvania
School of Medicine

The Reader's Digest Association, Inc., Pleasantville, New York
The Reader's Digest Association (Canada) Ltd. Montreal

ACKNOWLEDGMENTS

The editors of the Reader's Digest acknowledge the help of many physicians and medical experts, and are especially grateful to three physicians who reviewed the text: Stewart Cooper, M.D., Royal Victoria Hospital and McGill University, Montreal; Gerald Erenberg, M.D., Montefiore Hospital, New York; and Leonard Jackson, M.D., Grace Dart Hospital, Montreal; and to Henry Rosenberg, M.D., University of Pennsylvania School of Medicine, Philadelphia, who contributed to the chapter "The Middle Years."

DRAWINGS (except full-color insert) by NEIL O. HARDY.

Color plates I-VII, following page 448, are used by permission of W. B. Saunders Company. They have been adapted from plates designed by William A. Osburn, M.M.A., with artwork by Ellen Cole, Robert Demarest, and William Osburn, which appeared in *Good Health—Personal and Community*, by Miller and Burt, 1966.

Third Printing

© 1970 The Reader's Digest Association, Inc.
© 1970 The Reader's Digest Association (Canada) Ltd.
Reproduction in any manner, in whole or in part,
in English or in other languages, is prohibited.
All rights are reserved.
© 1966, 1967 by Benjamin F. Miller, M.D.
Library of Congress Catalog Card Number: 78-127065
Printed in the United States of America

BEST AVAILABLE COPY

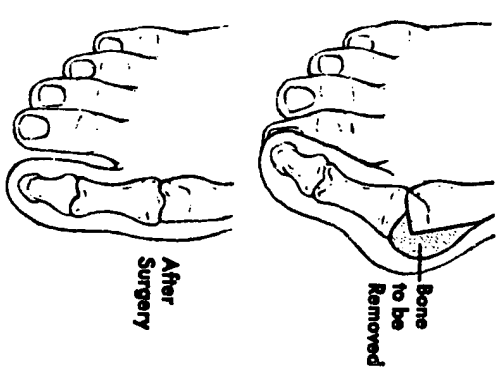
plague, the lungs are affected.

Bubonic plague has also been called *black death*, because of the spots that develop from bleeding under the skin. Severe epidemics raged through Europe and Asia in the fourteenth century; outbreaks have occurred in recent times in Asia and Africa. Isolated cases turn up even now in all countries, since the disease is still harbored by rodents around the world. Public health agencies keep on the alert for epidemics among rodents and maintain programs of flea and rat control. A VACCINE has been developed, but it gives only short-term immunity and requires yearly BOOSTER SHOTS. When any human case is suspected and proved, bubonic plague is kept from spreading by strict QUARANTINE and treatment with STRAPTOMYCIN and SULFONAMIDES, both of the victim and of everyone known to have been in contact with him.

BUFFERIN The trade name of a kind of ASPIRIN tablet containing in addition to the aspirin a material that is intended to neutralize the weakly acid reaction of aspirin in the stomach.

BULBAR POLIO See POLIOMYELITIS.

BUNION A painful deformity of the big toe, caused by shoes that bend this toe inward toward the smaller toes, putting pressure upon the joint connecting the big toe with the foot. First the bursa (the lubricating pouch of the joint) becomes inflamed and tender. With continued irritation a bony deposit develops, and a corn or callus at the pressure point often

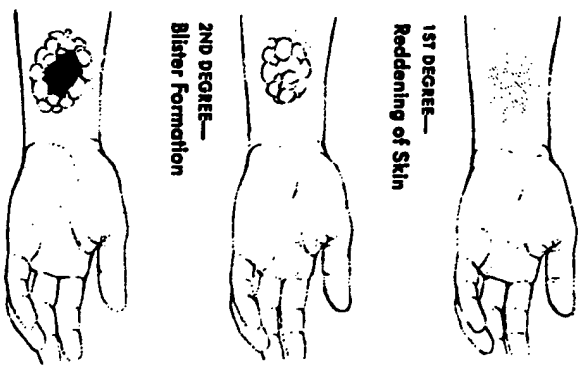


adds to the pain. Bunions can be avoided or corrected at an early stage by wearing properly fitting shoes. Minor pain may be relieved by heat, and foot-strengthening exercises may help. In severe cases, specially fitted shoes or surgery may be necessary; a doctor or podiatrist should be consulted. See also FOOT.

BURN Injury to the skin by heat, chemicals, electricity, or radiation. There are three types of burn. A *first-degree* burn is one in which the skin turns red, but there are no blisters. Only the epidermis, the outermost part of the skin, is injured. A *second-degree* burn goes somewhat deeper. There is blistering, and the skin turns very red. A *third-degree* burn penetrates the skin completely and destroys both epidermis and dermis (the part of the skin beneath the epidermis). Because nerve endings in the skin are destroyed, a third-

second-degree burn. Any burn suspected of being severe should be seen at once by a doctor. If you cannot obtain medical help immediately, turn to FIRST AID, pages 421-423.

In practice, it is not possible to determine right away how deep a burn has penetrated. Any burn involves one tenth or more of the body's surface may be regarded as potentially serious and may require emergency attention. Skin is the first danger in any major burn, especially if a large area of skin is involved. The second danger is infection, which the doctor



BURNS